The Community Guide

www.thecommunityguide.org

WHAT WORKS

Preventing Excessive Alcohol Consumption

Evidence-Based Interventions for Your Community

Excessive alcohol consumption is a risk factor for many health and social problems, contributing to 88,000 deaths each year in the United States.[1] In 2006, the estimated economic cost of excessive drinking in the U.S. was $223.5 billion.[2] Drinking too much can cause immediate harm such as injuries from motor vehicle crashes, violence, and alcohol poisoning, and drinking too much over time can cause chronic diseases, such as cancer and heart disease.[1]

This fact sheet provides proven intervention strategies—including programs and services—for preventing excessive alcohol consumption and related harms. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This fact sheet summarizes information in The Guide to Community Preventive Services (The Community Guide), an evidence-based resource of what works in public health. Use the information in this fact sheet to select from the following intervention strategies you can adapt for your community to

- Reduce excessive alcohol use, including binge drinking and underage drinking.
- Reduce the risk of chronic conditions such as liver disease, high blood pressure, heart disease, and cancer.
- Reduce violent crime, motor vehicle injuries, and alcohol-exposed pregnancies.
- Reduce youth access to alcohol.

Community Preventive Services Task Force

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (CPSTF) about community preventive services and programs to improve health. The CPSTF—an independent, nonfederal panel of public health and prevention experts—bases its findings on systematic reviews of the scientific literature. Learn more about The Community Guide and what works to reduce excessive alcohol consumption and related harms by visiting www.thecommunityguide.org/topic/alcohol/index.html.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

THE PUBLIC HEALTH CHALLENGE

Excessive drinking has a substantial public health impact

Average Annual Alcohol-Attributable Deaths in the U.S. (2006-2010)

Cause	Number of Annual Fatalities
Chronic causes (e.g., liver disease)	38,253
Acute causes (e.g., homicide)	49,544
Total for all causes	87,798

Source: Alcohol-Related Disease Impact (ARDI), 2014

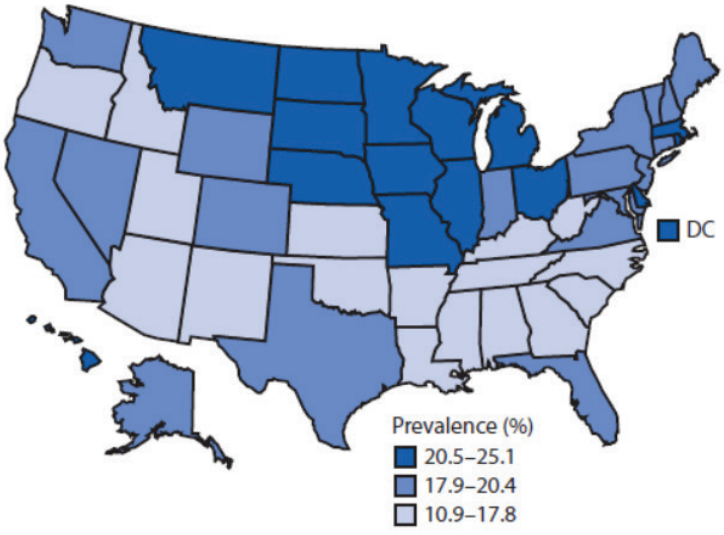
Drinking too much alcohol is responsible for **88,000 deaths** annually, including 1 in 10 deaths among working-age adults in the U.S.[1]

About 9 in 10 **excessive drinkers** are **not** alcohol dependent, or addicted to alcohol.[3]

Excessive alcohol use costs the U.S. **$223.5 billion—or $1.90 per drink—**in 2006 due to lost workplace productivity, healthcare expenses, and crime. Federal, state, and local governments paid **42%** of these costs—or **80 cents per drink**.[2]

Binge drinking is the main problem

Prevalence of Binge Drinking among Adults, 2011



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011

- Binge drinking is defined as having 4 or more drinks on an occasion (2-3 hours) for women, or 5 of more drinks on an occasion for men.[4]
- Binge drinking is the most common and most dangerous pattern of excessive drinking. It is responsible for **more than half** of the deaths and **three-quarters** of the economic costs associated with excessive alcohol use.[1,2]
- **1 in 6** adults binge drinks about four times a month, consuming about eight drinks per binge.[5]
- About **1 in 4 high school students** report binge drinking.[6]

For more information on excessive alcohol consumption in the U.S., including state-by-state data, see www.cdc.gov/alcohol.

For national and state estimates of alcohol-related deaths and years of potential life lost, see CDC's Alcohol-Related Disease Impact (ARDI) application at www.cdc.gov/ARDI.

SUMMARIZING THE FINDINGS ON EXCESSIVE ALCOHOL CONSUMPTION

All CPSTF findings and recommendations on preventing excessive alcohol consumption are available online at www.thecommunityguide.org/topic/excessive-alcohol-consumption. Some of the CPSTF recommendations related to reducing excessive alcohol consumption are below.

- **Increasing alcohol taxes.** Increasing the price of alcohol by raising taxes has proven effective in reducing consumption, leading to fewer deaths and injuries due to motor vehicle crashes, liver disease, violence, and other alcohol-related problems. For every 10% increase in price, alcohol consumption is expected to decrease by more than 7%. Public health effects are expected to be proportional to the size of the tax increase. Higher alcohol prices may also reduce underage drinking.
- **Dram shop liability.** Dram shop (or commercial host) liability refers to laws that hold alcohol retailers liable for injuries or deaths caused by a patron who was illegally served or sold alcohol because they were either intoxicated or under the age of 21 at the time of service. Commercial host liability is effective in preventing and reducing alcohol-related harms. For example, there was a median 6.4% reduction in deaths resulting from motor vehicle crashes in states with commercial host liability.
- **Regulation of alcohol outlet density**. Alcohol outlet density refers to the number and concentration of alcohol retailers (e.g. bars, restaurants, and liquor stores) in an area. Higher alcohol outlet density is associated with excessive alcohol use and related harms, including injuries and violence. Alcohol outlet density is often regulated by licensing or zoning regulations. States vary in the extent to which they allow local governments to regulate the licensing and placement of retail alcohol outlets.
- **Electronic screening and brief interventions (e-SBI).** The delivery of screening and brief interventions for excessive alcohol use using electronic devices, such as computers, is effective for reducing self-reported excessive alcohol consumption and alcohol-related problems among intervention participants. Some e-SBI programs are fully automated while others combine screening by a health professional with the automated delivery of counseling services. The use of e-SBI can reduce the amount of time required to deliver screening and counseling services.
- **Enhanced enforcement of laws prohibiting sales to minors.** Enforcing minimum drinking age laws through retailer compliance checks and sanctions is effective in reducing sales of alcohol to minors in commercial settings by a median of 42 percent. Enhanced enforcement programs are often part of multi-component, community-based efforts to curb underage drinking.

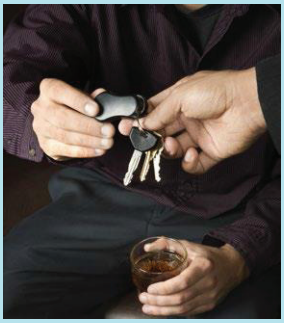
The CPSTF **recommends against** the further **privatization of retail alcohol sales** in settings with current government control of retail sales. Privatization, which allows non-governmental retailers to sell a type of alcoholic beverage (e.g. distilled spirits), was found to increase the per capita sales of the privatized beverage type by a median of 44.4%, and decrease the sale of other types of alcohol by 2.2%. Privatization often results in increases in alcohol outlet density, days and hours of sales, and alcohol advertising, which are associated with increased consumption and alcohol-related harms.

PUTTING THE CPSTF FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the CPSTF and determine which ones best match your needs. Adopt or adapt evidence-based programs, services, and policies that can prevent excessive alcohol consumption and related harms in your community.
- ✓ Consult CDC's Prevention Status Reports on Excessive Alcohol Use at www.cdc.gov/psr/alcohol to learn the status of public health policies to prevent excessive drinking, including alcohol taxes, dram shop liability, and local authority to regulate alcohol density in your state.
- ✓ Visit CDC's Prevention of Excessive Alcohol Use at www.cdc.gov/alcohol/fact-sheets/prevention.htm for more information on the prevention of excessive drinking.

THE COMMUNITY GUIDE IN ACTION



New Mexico Enforces Policies to Combat Binge Drinking

In New Mexico in 2004, many adults who reported drinking in bars reported consuming ten or more drinks and driving after doing so, contributing to the high rate of alcohol-attributable motor vehicle crash deaths in the state. In 2005, the state launched a campaign to increase enforcement of existing liquor laws as part of a campaign to reduce alcohol-impaired driving. As a result, between 2004-2005 and 2007-2008, New Mexico saw a 16 percent decrease in binge drinking intensity (the number of drinks consumed on the last binge drink occasion) from 8.3 to 7.0 drinks per occasion among adult binge drinkers who reported drinking in bars and clubs. Read more on this story at www.healthypeople.gov/2020/healthy-people-in-action/story/reducing-binge-drinking-new-mexicos-driving-while-intoxicated.

Omaha Targets Alcohol Outlet Density

In 2010, Nebraska had the second highest adult binge drinking prevalence in the nation. The number of liquor licenses being granted was growing at a rate of twice the increase in the state's population. In Omaha, underage drinking and youth access to alcohol had become a critical public health issue. The community responded by launching the LOCAL (Let Omaha Control its Alcohol Landscape) campaign to push for measures to address alcohol outlet density. In October 2012, the Omaha City Council passed a land-use ordinance that included new nuisance abatement standards for alcohol outlets. Alcohol retailers who did not comply with the ordinance faced losing their certificate of occupancy. Read more on this story at www.cdc.gov/pcd/issues/2013/12_0090.htm.

FOR MORE INFORMATION

The Community Guide: Preventing Excessive Alcohol Consumption
www.thecommunityguide.org/alcohol

Alcohol Program, National Center for Chronic Disease Prevention and Health Promotion, CDC
www.cdc.gov/alcohol

CDC Vital Signs: Binge Drinking
www.cdc.gov/VitalSigns/bingedrinking

National Prevention Strategy Resources on Preventing Drug Abuse and Excessive Alcohol Use
www.surgeongeneral.gov/initiatives/prevention/strategy/preventing-drug-abuse-excessive-alcohol-use

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[1] Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. Prev Chronic Dis 2014;11:130293.
[2] Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD. Economic costs of excessive alcohol consumption in the United States, 2006. Am J Prev Med 2011;41:516–24.
[3] Esser MB, Hedden SL, Kanny D, Brewer RD, Gfroerer JC, Naimi TS. Prevalence of Alcohol Dependence Among US Adult Drinkers, 2009–2011. Prev Chronic Dis 2014;11:140329.
[4] National Institute of Alcohol Abuse and Alcoholism. NIAAA council approves definition of binge drinking [PDF-1.62MB]. NIAAA Newsletter 2004; No. 3, p. 3
[5] Kanny D, Liu Y, Brewer RD, Lu H. Binge Drinking — United States, 2011. MMWR 2013;62 (Suppl): 77-80.
[6] Kann L, Kinchen SA, Shanklin S,et al. Youth Risk Behavior Surveillance—United States, 2013. CDC Morb Mort Surveil Summ 2014;63(SS-04):1–168.

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CPSTF FINDINGS ON EXCESSIVE ALCOHOL CONSUMPTION

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to prevent excessive alcohol consumption and related harms. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings: Recommended; Insufficient Evidence; Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding
Interventions Directed to the General Population	
Increasing alcohol taxes	Recommended
Regulation of alcohol outlet density	Recommended
Dram shop liability	Recommended
Maintaining limits on days of sale	Recommended
Maintaining limits on hours of sale	Recommended
Electronic screening and brief interventions (e-SBI)	Recommended
Overservice law enforcement initiatives	Insufficient Evidence
Responsible beverage service training	Insufficient Evidence
Privatization of retail alcohol sales	Recommended Against
Interventions Directed to Underage Drinkers	
Enhanced enforcement of laws prohibiting sales to minors	Recommended

Visit the "Excessive Alcohol Consumption" page of The Community Guide website at www.thecommunityguide.org/topic/excessive-alcohol-consumption to find summaries of CPSTF findings and recommendations on preventing excessive alcohol consumption. Other related resources include publications and media outreach materials.

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.

UNDERSTANDING THE FINDINGS

The CPSTF bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the CPSTF assigns each intervention to one of the categories below.

Category	Description	Icon
Recommended	There is strong or sufficient evidence that the intervention strategy is **effective**. This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	
Insufficient Evidence	There is **not enough evidence** to determine whether the intervention strategy is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. The CPSTF encourages those who use interventions with insufficient evidence to evaluate their efforts.	
Recommended Against	There is strong or sufficient evidence that the intervention strategy is **harmful or not effective**.	

EVALUATING THE EVIDENCE

- The CPSTF findings and recommendations for interventions strategies to prevent excessive alcohol consumption are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at the intervention strategy's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention strategy, a summary of the systematic review, evidence gaps, and journal publications can be found on the Preventing Excessive Alcohol Consumption section of the website at www.thecommunityguide.org/alcohol/index.html.

Visit the "Our Methodology" page on The Community Guide website at www.thecommunityguide.org/about/our-methodology for more information about the methods used to conduct the systematic reviews and the criteria the CPSTF uses to make findings and recommendations.